

## **SELF-DIRECTION OPTION**



## **EMPLOYER HANDBOOK**

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**DEPARTMENT OF HEALTH AND HOSPITALS**  
**Office for Citizens with Developmental Disabilities**

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## Section 1: Introduction

Self-Direction Overview

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### Self-Direction Overview

Self-Direction is a service delivery option which allows you, the participant, to become the employer of the people you choose to hire to provide supports for you. As the employer, you are responsible for recruiting, training, supervising, and managing the people you choose to hire. This option gives you, as a participant, the most control over your supports, but also the most responsibility.

Self-Direction is based on the principles of self-determination, which means that you have the ability or right to make your own decisions, and include the following:

- **FREEDOM** – the opportunity to choose where and with whom you live, as well as how you organize all important aspects of your life.
- **AUTHORITY** – the ability to control some targeted amount of public dollars.
- **SUPPORT** – the ability to organize support in ways that are unique to you.
- **RESPONSIBILITY** – the obligation to use public dollars wisely and to contribute to your community.
- **CONFIRMATION** – the recognition that people with disabilities themselves must be a major part of the redesign of the human service system of long-term care.

With Self-Direction, you control the amount spent on wages and benefits for your employees within the guidelines established by the program in which you are enrolled. With assistance and approval from your support coordinator, you, as the employer, are required to budget payments for wages, benefits, and required employment-related taxes.

Your support coordinator will provide you with information on Self-Direction, followed by on-going support and assistance as needed. Your support coordinator will continue to assist you with developing your Plan of Care, planning your budget, evaluating supports and services on an ongoing basis, and organizing the unique resources that you need.

The fiscal agent (also called fiscal intermediary agency) will process payroll for your employees at least twice per month and make the required tax withholdings and deposits with state and federal agencies on your behalf. All payrolls will be processed utilizing a state approved payment mechanism. The fiscal agent will send you reports of your spending so that you can keep track of the amount of service hours you have used and the amount you have remaining for use.

### **Self-Direction Enrollment Process**

All of the following must be completed before starting the Self-Direction option:

1. **Training:** Your support coordinator will provide you with a copy of the **Self-Direction Employer Handbook**. Your SC will explain and instruct you on the material in the Self-Direction Employer Handbook. If you have any questions, ask your support coordinator. Your support coordinator will be able to provide you with answers and guide you through the process. After you have been trained and your questions have been answered, both you and your support coordinator will sign the “**Service Agreement**” form.
2. **Verification:** Your support coordinator will submit your name to the Local Governing Entity indicating your interest in enrolling in the Self-Direction service option.
3. **Authorization:** Your Local Governing Entity will provide your support coordinator with authorization to proceed with enrollment in Self-Direction.
4. **Standards for Employee:** Your support coordinator will complete the “**Applicant Verification**” form to verify that your potential employees meet the qualifications of your program.
5. **Forms are Completed:** The “**Start-Up Packet**” contains the forms necessary to establish you as the employer: timesheets, payroll schedule, rate sheet, and employee application forms. These forms can be found and completed online or you can complete them and have your support coordinator assist with submitting the documents to the fiscal/employer agent. The fiscal agent will ensure that the forms/documents found in the Start-Up Packet are complete and will clear your potential employees for hire.

6. **Start Date:** After receiving authorization to proceed from the Local Governing Entity your support coordinator will submit the “**Service Agreement**” form, “**Applicant Verification**” form, and other required forms located in the Start-Up Packet to the fiscal/employer agent and the Local Governing Entity (District or Authority). The Local Governing Entity will assign a start date.
7. **Approved Plan:** Your Plan of Care or Plan of Care revision request for the Self-Direction option must be approved and prior authorized. **No service expenses related to the Self-Direction option may be incurred prior to this approval process.**

The general process to begin the Self-Directed option:

1. The individual/family requests Self-Direction from his/her Support Coordinator.
2. The Support Coordinator provides a packet from the fiscal intermediary and a Self-Direction Handbook and explains the responsibilities of the participant or authorized/ responsible representative.
3. The Support Coordinator adds the person’s name to the Self-Direction chart that is submitted to the Local Governing Entity every week.
4. The Local Governing Entity submits the updated chart to the Office for Citizens with Developmental Disabilities (will be referred to as “OCDD”) Central Office once each week.
5. The individual or authorized/responsible representative, with assistance as needed from the Support Coordinator, begins preparing the plan documents (i.e., individual service plan, emergency plan, and back-up plan) in preparation for the Comprehensive Plan of Care (will be referred to as “Plan of Care”)/Revision.
6. OCDD Central Office provides approval to the Local Governing Entity to proceed with enrolling in Self-Direction; then, the Local Governing Entity informs the Support Coordinator (at this point the person is considered “in process”).
7. All documentation is completed and submitted to the fiscal agent (prior to this step, no information is sent to the fiscal agent).
8. The Support Coordinator receives a projected “good to go” date from the Local Governing Entity. The Support Coordinator prepares and submits the Plan of Care/Revision and budget sheets to the Local Governing Entity for approval. The Support Coordinator gives individual/authorized representative the projected “good to go” date.

Self-Direction is a choice. You may choose to stop self-directing your services at any time by contacting your support coordinator.

Your support coordinator will assist you in selecting a direct service provider agency from the OCDD Freedom of Choice list.



### Differences in the Service Delivery Models

This table explains some of the differences in responsibilities and benefits between Self-Direction and the traditional direct service provider agency ("Agency") model.

Questions Regarding Service Delivery Models	Self-Direction	Agency
Who is the "Employer"? Who has responsibility for hiring and firing my direct service workers?	<b>Participant</b> Or his/her authorized representative	Provider Agency
Who is responsible for withholding and depositing employment related taxes and performing payroll functions?	Fiscal Agent	Provider Agency
Who determines the compensation and Work-related budgets for the employee(s)?	<b>Employer</b> with assistance from Support Coordinator	Provider Agency
Who recruits, trains, manages, evaluates, and dismisses employees?	<b>Employer</b>	Participant and/or Provider Agency
Who must ensure that criminal history checks are documented and that an applicant is eligible to be hired?	<b>Fiscal Agent and Employer</b>	Provider Agency
Who is responsible for checking the OIG Excluded List, DHH Exclusion list, and Direct Service Worker Registry?	Fiscal Agent for new hires and <b>Employer</b> for existing employees	Provider Agency
Who is responsible for on-the-job injury and other liabilities of the employee(s)?	<b>Employer</b> (fiscal agent assists with workman's comp insurance)	Provider Agency
Who is responsible for providing backup coverage for direct service workers?	<b>Employer</b>	Provider Agency
Who is responsible for complying with OCDD program rules?	<b>Employer, Participant, Support Coordinator, Local Governing Entity, OCDD and Fiscal Agent</b>	Participant, Support Coordinator, Local Governing Entity, OCDD and Provider Agency
Who is responsible for monitoring service delivery?	<b>Employer, Support Coordinator, and OCDD</b>	Participant, Provider Agency, Support Coordinator and OCDD

Who is responsible for monitoring employment related costs and staying in budget?	Employer, Support Coordinator, and Fiscal agent	Participant, Provider Agency
Who is responsible to ensure direct service workers receive the required training to carry out all services specified in the Plan of Care?	Employer	Provider Agency

### Participant Eligibility Criteria

To be eligible for participation in the Self-Direction option, a person must:

- Be a participant in a waiver with a Self-Direction option.
- Be able to participate in the Self-Direction option without a lapse in or decline in the quality of care or an increased risk to health and welfare.
- Complete the mandatory orientation provided by the support coordinator and/or the Office for Citizens with Developmental Disabilities (OCDD) related to the self-direction option. (This includes an initial Self-Direction enrollment training provided by the participant's support coordinator and any on-going training that may be provided by the support coordinator, the fiscal/employer agent, or the OCDD).
- Understand the rights, risks, and responsibilities of managing his/her own care and managing and using an individual budget. If the participant is unable to make decisions independently he/she must have a willing decision maker (family/mother/father/legal guardian/authorized representative as listed on the participant's Plan of Care).





## Choosing Self-Direction as a Service Delivery Option

You will be informed of the Self-Direction option by your support coordinator at the time of your initial assessment, annually, and as requested by you and/or your authorized representative(s). If you are interested in Self-Direction, the support coordinator will provide you with detailed information regarding the differences between service delivery options, roles and responsibilities of each option, and benefits and risks associated with Self-Direction.

If you decide you would like to participate in the Self-Direction option, your support coordinator will ensure that you receive a copy of the Self-Direction Employer Handbook and Start-Up Packet and assist you with the following activities:

1. Determine the supports you will need to participate in Self-Direction [examples (e.g.), minimum number of workers needed, access to fax machine or internet];
2. Arrange for needed supports and services;
3. Inform the Local Governing Entity of your decision to participate in Self-Direction in order to obtain a **projected** start date for the Self-Direction option enrollment process;
4. Inform you of the projected start date for the Self-Direction option;
5. Educate you on the material contained in the Self-Direction Employer Handbook (as verified by the completed **"Service Agreement"** form). This includes providing information to you on how to:
  - Recruit, hire, and provide training options for your employees,
  - Establish your employees' duties (consistent with service specifications and your support needs) and provide orientation and instructions,
  - Create your employees' schedule (consistent with service specifications on your approved Plan of Care) and schedule employees,
  - Determine your employees' wages and benefits,
  - Train your employees how to document (progress notes) and report critical incidents,
  - Supervise employees,
  - Evaluate employee performance,
  - Verify and approve time worked by employees, and
  - When necessary, terminate employees.
6. Assist you in verifying applicants' qualifications (as verified by the completed **"Applicant Verification"** form); and
7. Assist you with completing the required forms in the Start-Up Packet.

The support coordinator will send the **"Service Agreement"** form, **"Applicant Verification"** form, and required forms/documents (as referenced in the Start-Up Packet) to the Local Governing Entity to request a start date for you to begin Self-Direction.

The Local Governing Entity will inform the support coordinator of your established Self-Direction start date, at which time the support coordinator will:

1. Inform you of the established start date to begin Self-Direction;
2. Meet with you and your authorized representative to revise your Plan of Care to reflect the established Self-Direction start date and to develop a back-up plan and emergency evacuation plan;
3. Submit the Plan of Care/Revision, updated back-up plan, and updated emergency evacuation plan to the Local Governing Entity for approval (Note: The Local Governing Entity will not approve the Plan of Care/Revision until clearance is received from the fiscal/employer agent that your Start-Up Packet is complete and that your employee(s) are cleared for hire.);
4. Notify the provider agency, as necessary, of your transition to Self-Direction;
5. Inform you of your beginning quarterly hours available for use in Self-Direction (NOW participants only);
6. Submit the approved Plan of Care to you/your authorized representative; and
7. Submit the demographic page and budget sheets from the approved Plan of Care to the fiscal/employer agent.

### **Determining Who Must Be the Employer**

The **EMPLOYER** is the person who must be recorded by and registered with federal and state government agencies as the employer for legal purposes.

The person receiving services is the “**participant**.” The participant may be the employer.

For a **MINOR** (a person under the age of 18) participant, the **EMPLOYER** must be:

- The **parent** of a minor participant, or
- The **court appointed guardian** of the participant, or
- The **authorized representative** of the participant, or
- The **participant**, if married or emancipated by the court.

For an **ADULT** participant (a person age 18 or more), the **EMPLOYER** may be:

- The **participant or authorized representative**.



## Employer Responsibilities

As an **Employer** in Self-Direction, you have additional **benefits and responsibilities** that you did not have when you were receiving services from a traditional direct service provider agency.

You have the **benefit** of hiring your own employees and setting the hourly pay rate for your employee(s), within the guidelines established by your Self-Direction program.

You have the **responsibilities** that come with being an employer. As an employer you are required to:

- Participate in required training, as requested by the Local Governing Entity.
- Follow all rules and requirements pertaining to Self-Direction.
- Recruit, hire, train, manage, and if necessary, terminate your employee(s).
- Abide by non-discrimination policies on the basis of race, religion, gender, sexual orientation, age, or disability.
- Wait until the fiscal/employer agent clears your potential employee(s) for hire before you have them perform any job responsibilities for you.
- Verify your employee is not barred from employment based on the results of the criminal background check. (See Section 3: Employee Qualifications - "Direct Services Worker Background Checks" for instructions.)
- Complete follow-up checks of your Direct Service Worker by conducting the following searches and putting copies of the printed results in your home book at the frequency indicated:
  - **Every 6 months** - Louisiana Nurse Aide/Direct Service Worker Registry at: <https://tlc.dhh.la.gov> (for step by step instructions see page 26 of this handbook)
  - **Every month** - Office of Inspector General's List of Excluded Individuals/ Entities at: <http://exclusions.oig.hhs.gov> (for step by step instructions see page 26 of this handbook)
  - **Every month** - Louisiana DHH Exclusion List at <https://adverseactions.dhh.la.gov/> (for step by step instructions see page 26 of this handbook)
- Ensure your employees complete the required initial and annual training by the due date established by the fiscal/employer agent. You must keep track of your employees' training due dates. If your employees' required training expires they will not be paid for any time they work while their training is expired.

- If you decide that you will have your employees administer medications and it is determined by your support coordinator (using an assessment done annually) that they need the Medication Administration training you must ensure your employees complete that training and are authorized before they administer medications.
- Ensure your employees maintain current automobile insurance if they will be transporting you in their own car. (A copy of the employee's current automobile insurance must be on-file with the fiscal/employer agent before the employee provides any employment-related transportation to you or any other individual in his/her own car.)
- Ensure your employees have a current Driver's License that is not suspended if they will be driving your car or their own car while transporting you. You can use this free web site to check driving history records:

<https://expresslane.dps.louisiana.gov/ReinstatementInquiry/ReinstatementInquiry.aspx>

- Schedule your workers to meet your own staffing needs.
- Have a Back-Up Plan in place in the event that an employee does not show up for work.
- Have an Emergency Evacuation Plan in place in the event of a disaster.
- Establish a mutually agreeable work schedule for your employees.
- Establish a list of job responsibilities to be performed by your employees. (Your employees' job responsibilities **must be consistent** with the specifications for the service they are providing within your approved Plan of Care.)
- Complete all employer-related paperwork and the duties related to payroll.
- Review your payroll reports upon receipt to ensure that they are accurate. (If not accurate, report the differences to your support coordinator.)

**Note: You, as the employer, will be personally responsible for any employee wages or supports that exceed the hours approved in your approved Plan of Care and/or which do not meet the service specifications as specified in the Employer Packet.**

- Ensure your employees complete the required service documentation, such as progress notes and timesheets.
- Maintain all required documentation as specified in Section II: Service Planning and Documentation Requirements, "Record Keeping Requirements."
- Inform the fiscal/employer agent and your support coordinator immediately if an employee is injured on the job.
- Inform the fiscal/employer agent and your support coordinator when an employee is terminated.



### **Supports Available to Assist Employers**

Your **Support Coordinator** will continue to assist you with the development of your Plan of Care which includes gaining access to needed services including medical, social, educational, and other supports as identified.

Support coordinators are responsible for:

- Assisting you with learning about choices and options for services.
- Informing you of all Self-Direction rules, policies, and procedures.
- Assisting you with determining what supports are needed to help you participate in Self-Direction (e.g., minimum number of workers needed, access to fax machine or internet).
- Completing an assessment to determine if your employees must complete a Medication Administration training.
- Arranging for your needed supports and services.
- Providing you with a copy of the Self-Direction Employer Handbook and discussing the information contained in the Self-Direction Employer Handbook. (This includes the process for recruiting, hiring and training employees; employee responsibilities; employee work schedules and scheduling employees; employee wages and benefits; supervising employees; evaluating employee performance; verifying and approving time/payroll documents; and employee termination.)
- Assisting you with completing required forms (e.g., Start-Up Packet, Plan of Care) for participation in the Self-Direction option.
- Assisting you with developing a job description, list of employee responsibilities, and employee work schedule.
- Verifying that potential employees meet program qualifications.

- Developing Back-Up Plan and Emergency Evacuation Plan.
- Assisting you with budget planning.
- Ensuring all required information is kept up-to-date in the "Home Book." (The "Home Book" is defined in Section II: Service Planning and Documentation Requirements, "Record Keeping Requirements.")
- Ensuring your needs are being met as indicated in your approved Plan of Care.
- Assisting you with making changes to your Plan of Care as your needs change.
- Monitoring the implementation of your Plan of Care to determine if outcomes are being met in the identified timeframes and/or modifying the Plan of Care as appropriate.

The **Fiscal/Employer Agent** is a required component of the Self-Direction option. The fiscal/employer agent will assist you in managing some of the financial responsibilities of being an employer and will process your employer-related payroll including deposit and withholding the necessary employment-related taxes on your behalf.

The fiscal/employer agent will verify that your employment-related paperwork, as found in the Start-Up Packet, is completed correctly. The fiscal/employer agent will notify you if there are any errors that prevent you or your employees' paperwork from being processed. It is important that you submit corrected forms to the fiscal/employer agent in a timely manner to prevent any service delays.

The fiscal/employer agent will also notify you once your potential employees are clear for hire. You must not allow any person/applicant/potential employee to begin working for you until the fiscal/employer agent notifies you that person/applicant/potential employee is clear for hire. Please note that it will take the fiscal/employer agent approximately four (4) *business* days to process your employees' required paperwork. If you do not receive notification from the fiscal/employer agent within this timeframe, then you should contact your support coordinator or the fiscal/employer agent.

Twice per month the fiscal/employer agent will send you payroll reports of your spending. You should review each payroll report as soon as you receive it to make sure that funds have been spent in a manner consistent with your Plan of Care and Employee Rate Sheet. Any differences in the payroll report should be reported immediately to your support coordinator. Your payroll report also shows important training dates for your employees and when their training expires.

If you do not receive your report at the end of each payroll, you should contact the fiscal/employer agent or your support coordinator.



### **Voluntary Termination**

You may choose to leave Self-Direction at any time to receive services from a traditional direct service provider agency. You will need to contact your support coordinator so that arrangements can be made to assist with transitioning to a direct service provider agency. Your support coordinator will provide you with a Freedom of Choice listing so that you can choose an enrolled direct service provider agency in your region.

If you choose to voluntarily stop participating in the Self-Direction option, you must wait at least 90 days (3 months) before requesting to resume the Self-Direction option again.

### **Involuntary Termination**

You may be involuntarily terminated from the Self-Direction option if any of the following criteria are met:

1. If at any time OCDD or your Local Governing Entity determines your health, safety, and welfare is found to be at risk by continued participation in the Self-Direction option.
2. If there is evidence that you are no longer able to direct your care, and the support coordinator agrees that there is no responsible authorized representative to direct your care.
3. If you, or your authorized representative, permit your employees to work over the hours approved in your Plan of Care over three (3) payment cycles in a twelve month period.
4. If you, or your authorized representative, fail to provide documentation of services, such as progress notes, and expenditures or fail to cooperate with the fiscal/employer agent or support coordinator in preparing any additional documentation of services or expenditures.



5. If you, or your authorized representative, fail to follow the policies and procedures of the Self-Direction option.
6. If you become ineligible for Medicaid and/or waiver services.
7. If there is proof of misuse of public funds, such as if you or your authorized representative commit Medicaid fraud (examples: signing/submitting timesheets for payment that do not match the dates and times worked, signing/submitting timesheets for payment when the direct service worker is not in the physical presence of the person being served, signing/submitting timesheets for payment for someone other than the person who provided the services, accepting/keeping any part of an employee's pay for services provided or not provided).

Note: When action is taken to terminate a participant from Self-Direction involuntarily, the support coordinator will immediately assist the participant in accessing needed and appropriate services through the waiver and other available programs, to ensure that there is no lapse in necessary services. There is no denial of services, only the transition to a different payment option. The participant and support coordinator will be provided with a written notice from the LGE explaining the reason for the action and citing the policy reference.

## **Section 2: Service Planning and Documentation Requirements**

### **Service Planning**

### **Back-Up and Emergency Planning**

### **Service Documentation Requirements**

### **Record Keeping Requirements**

### **Service Planning**

The amount of services you need is documented in your Plan of Care. Your Plan of Care is developed using a person-centered planning process which includes you, your support coordinator, your family/authorized representative, and others who you wish to have included in the process. This group will be referred to as your **support team**.

The Plan of Care is completed by your support team to determine:

- Your needs and the types of supports required to meet those needs;
- The amount of time, frequency, and duration required for delivery of your services;
- Your personal outcomes, goals, and the strategies to help you achieve or maintain your personal outcomes; and
- The people who will assist you in meeting your personal outcomes.

### **How Many Hours Am I Approved To Receive Each Week?**

Authorized hours, approved by the Local Governing Entity, are based on your need for care and support. These hours belong to you and should be scheduled to best meet your needs; your hours should not be scheduled to accommodate your employees.

The hours of services and supports that you can receive each day, to meet your support needs and to achieve your personal outcomes, are listed in the **“Typical Weekly Schedule”** section of your approved Plan of Care. The Typical Weekly Schedule designates whether the service or support is to be provided by yourself, your family, your friend, your school, your work, your waiver direct support worker (sometime called your DSW), or other paid support. Each paid support has a service code assigned to it, which will be included in your Plan of Care.

It should be noted that the Typical Weekly Schedule is intended to be flexible because your daily routine may change depending on your support needs or personal preferences. However, when there are deviations (changes), in your Typical Weekly Schedule from what is specified in your Plan of Care, a progress note must be completed to describe the reason for the deviation (change).

The **“Typical Alternate Schedule”** section of your approved Plan of Care identifies the days that you will need additional hours of service or supports based on the possibility that your needs may increase (i.e., holidays, school closures, work schedule changes, etc.).

Remember, you, as the employer, are responsible for keeping track of the hours available for use when you are participating in the Self-Direction option. You should not ask your employees to work more than the maximum number of hours per day that are approved in your Plan of Care unless there is a specific reason and that reason is documented in the progress notes. There is flexibility in using your hours, but changes to the schedule must be documented. You should never ask employees to exceed the maximum number of hours as defined by the service specifications (i.e., an employee cannot exceed 16 hours of support in a 24-hour period) without approval from your support coordinator. If your employee does this without an approval, then he/she will not be paid for the extra hours unless the Local Governing Entity determines that the extra time was due to extenuating circumstances. Any consistent/substantial changes to the schedule need to be reported to your Support Coordinator so the changes can be reflected in a revision to your plan of care.

The semi-monthly (twice monthly) payroll report provided by the fiscal/employer agent will let you know how many hours you have used and how many hours are available for you to use in the Self-Direction option. If you don't know or you need some help, contact your support coordinator for assistance.

### **Modifications to the Plan of Care**

You or your authorized representative may request modifications to your Plan of Care by contacting your support coordinator. You should contact your support coordinator **at least ten (10) days** before you know that a routine change in your Plan of Care is needed. Routine changes may include planned vacations, business trips, and day trips.

If there is an emergency situation, you must notify your support coordinator as soon as possible so that arrangements can be made to modify your Plan of Care. Emergency situations could include Acts of God (such as hurricanes, tornadoes, fires) or an emergency your authorized representative may have.

Remember, you **cannot** implement any changes to your Plan of Care without the prior approval of the Local Governing Entity.

## **Back-Up and Emergency Evacuation Planning**

Your support coordinator will assist you in developing the following:

1. A **Back-Up Plan**: Explains what you will do if your employees don't arrive to work as planned; and
2. An **Emergency Evacuation Plan**: Describes what you will do in the case of an emergency or disaster.

Your support coordinator will submit your Back-Up Plan and Emergency Evacuation Plan with your Plan of Care to the Local Governing Entity for review and approval when you enroll in the Self-Direction option and for every year after that.

### **Back-Up Planning**

When you hire your primary employees, you must also make arrangements for "back-up" employees to fill in when a regular employee is not available and for emergency situations.

**Potential back-up employees must complete all of the necessary paperwork to determine employment eligibility, unless they are providing the service as a non-Medicaid paid worker.** You

may also include your family, friends, and others to provide assistance in these situations without payment.

Your Plan of Care must include a Back-Up Plan to assure that all necessary services critical to your health and welfare are provided as needed when service delivery is interrupted by the absence of your regular employee.

Methods you may employ for back-up services include:

1. Hire and use paid part-time and/or back-up employees.
2. Discuss options with your family and friends to see what resources and supports may be available to you in your community.
3. Use someone you know to assist you, without pay, for a short-term period.

If you know other Self-Direction employers who have employees that are part-time and/or want additional hours, use these as your back-up employees. (As a group, a pool of back-up employees may be available. The back-up person would need to be “employed” by each Self-Direction employer that he/she works for.)

### **Emergency Evacuation Planning**

An Emergency Evacuation Response Plan specifies how your needs will be met if there is an emergency situation (i.e., fire, hurricane, hazardous material release, tropical storm, flash flooding, ice storm, or terrorist attack).

You and your employees must participate in and document regular, planned opportunities to practice your emergency evacuation response plan to ensure that it will meet your needs. Examples include fire drill evacuations, poison control phone numbers accessible, list of items needed if sheltering in place during a storm or event, etc.



## Service Documentation Requirements

You, as the employer, are responsible for ensuring that the following service documentation requirements are completed:

- Timesheets
- Progress Notes

### Timesheets

Self-directed services must be documented on a timesheet approved by the OCDD, which can be found in the Start-Up Packet.

Timesheets must be filled out correctly and completely and be submitted to the fiscal/employer agent by the payroll due date in order for your employees to be paid timely. Times indicated on the time sheets should be exact times worked. Each payroll due date is specified on the Payroll Schedule found in the Start-Up Packet. Timesheets sent to the fiscal/employer agent after the payroll "due date" will be paid on the next payroll.

The employer is responsible for reviewing every timesheet to ensure that it is filled out completely and accurately. Both the employer and the employee must sign each timesheet to attest, or agree, that the hours and services recorded on the timesheet were delivered and received in accordance with the participant's approved Plan of Care. Do not sign blank timesheets.

Medicaid fraud is committed when an employer or employee is untruthful regarding services provided, in order to obtain improper payment. Medicaid fraud is a felony and conviction can lead to substantial penalties. Additionally, people convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid Fraud include:

- Submitting timesheets for services not actually provided (e.g., signing or submitting a timesheet for services which were not actually provided by the worker on the dates and times listed on the timesheet).
- Submitting timesheets for services provided by a different person (e.g., signing or submitting a timesheet for services provided by a different person).
- Submitting twice for the same service (e.g., signing or submitting a timesheet for services which were reimbursed by another source, or signing or submitting a duplicate timesheet for reimbursement from the same source).

- Submitting timesheets for time worked when the participant and/or worker was not present.

As required by the State of Louisiana, suspected cases of fraud will be referred to the Medicaid Fraud Unit for further investigation and possible prosecution.

Remember, any time you allow an employee to work hours that are not approved in your Plan of Care or which are not in agreement with the service definition and limitations, any of the following may occur:

- You will be involuntarily terminated from the Self-Direction option;
- Your employee will not be paid for the hours that he/she worked; and/or
- If your employee is paid, the funds paid may be recouped, or taken back.

Employers who allow their employees to work more than the authorized hours are taking advantage of their employees and risk losing them.

### Progress Notes

Progress notes are completed on a **daily basis by your employees**. They are legible notes that describe your day-to-day activities and progress toward achieving your personal outcomes, as identified in your approved Plan of Care.

Progress notes must be of sufficient content:

- To reflect descriptions of activities, procedures, and incidents;
- To give a picture of the service provided to you;
- To show progress towards your personal outcomes;
- To record any changes in your medical condition, behavior, or home situation which may indicate a need for reassessment and Plan of Care change;
- To reflect each entry in the timesheet; and
- To record any changes or deviations from the Typical Weekly Schedule in your approved Plan of Care.

The following are examples of general terms, when used alone, are not sufficient and do not reflect adequate content for progress notes:

- "Supported"
- "Assisted"
- " is doing fine"
- " had a good day"
- "Prepared meals"

Checklists alone are not adequate documentation for progress notes.

All progress note entries must be legible and must include:

- The name of the person making the entry,
- A legible signature of the person making the entry (if signature is not legible must be clearly printed and signed) , and
- The full date of documentation
- If the progress note is typed they must have the date and the signature of the person making the entry in ink with every progress note entry. If the signature is not legible the person making the entry must also print their name.

Progress notes do **not** need to be submitted to the fiscal/employer agent; however, your support coordinator will review your progress notes every quarter to monitor how you are progressing towards your personal outcomes.

### **Record Keeping Requirements**

The "**Home Book**" contains all of the necessary information about your care, supports, and services, which is typically organized in a binder, and must be kept in your home.

You, as the employer, are required to keep the following records in your "Home Book":

- Your approved **Plan of Care** and any Revisions;
- The past three (3) months of employee **timesheets** (Note: All other timesheets must be kept in a secure place in your home for 5 years, scanned/electronic copies are acceptable.);
- The past three (3) months of **progress notes** (Note: All other progress notes must be kept in a secure place in your home for 5 years, scanned/electronic copies are acceptable);
- **Seizure logs or other medical logs**, if applicable.

While not required to be kept in your "Home Book", you must be capable of producing copies (paper or electronic) of the last three months of payroll reports upon request by your Support Coordinator, the LGE, or other state entities.

Record requirements include the following agreements by the employer and participant:

1. **Access:** The Office for Citizens with Developmental Disabilities (OCDD) and all applicable federal, state, and local agencies or their representatives must have access to records to inspect, monitor, or evaluate your records, books, and supporting documents pertaining to services provided and services purchased to ensure and compliance with federal and state regulations.
2. **Retention:** The employer must retain most forms while in effect, plus five years after service delivery or termination of the employee, or until all outstanding litigation (lawsuits), claims and audits are resolved. Medical records must be maintained for six (6) years following service delivery.
3. **Maintenance:** Active records must be accessible. Inactive records must be stored and maintained in a safe area to ensure the confidentiality and condition of the records. The stored records must be accessible for inspection. The employer is responsible for adequately maintaining and accessing the records.
4. **Confidentiality:** The employer must not release information about an employee without the written permission of the individual outside of providing the information to the fiscal/employer agent and to related federal and state agencies as required and requested, to include your support coordinator and the OCDD.

### **Section 3: Employee Qualifications**

**Who Can Be An Employee?**

**Direct Services Worker Background Checks**



## **Criminal Convictions History Check**

### **Convictions Barring Employment**



### **Who Can Be An Employee?**

The potential employee/applicant must meet the following required qualifications:

1. Be at least eighteen (18) years of age.
2. Have a high school diploma, GED, or trade school diploma in the area of human services, has demonstrated competency, or has verifiable work experience in providing support to individuals with disabilities.
3. Be able to complete the tasks listed on the participant's Plan of Care.
4. Must not be the employer.
5. Must not be the participant or the participant's spouse.
6. Must not be an authorized representative.
7. Must not live in the same household as the participant.
8. Must pass criminal history background and direct services worker registry checks, as well as Federal and State exclusion lists. The fiscal/employer agent will verify that the applicant is not barred from employment based on the results of the criminal background check.
9. If employee is a relative they must meet the same guidelines and requirements as all paid staff. (pass background checks, not live in same home as participant, able to complete tasks on Plan of Care, etc.,)

**Note:** See "Employer Responsibilities" Section in this Handbook for employer obligations related to subsequent direct service worker registry checks.

## Direct Services Worker Registry/Exclusion Checks

Direct service staff are required to pass criminal background check. The initial background check will be completed by the fiscal/ employer agent. It is the responsibility of the employer to complete follow up registry checks every six months after hire, and exclusion lists checks monthly. The employer is required to:

- Complete a Search every 6 months of the Direct Service Worker (DSW) Registry:
  1. Go to <https://tlc.dhh.la.gov>
  2. On the "Employee Type" box/pull-down menu, select "DSW"
  3. Type in the employee's social security number and enter (or click search)
  4. If the Status indicates a "Finding", then the worker is not allowed to be an employee. If the result is "No Data", then the worker does not have a finding. Print this web page for your documentation.
- Complete a monthly search on the Louisiana DHH Exclusion List:
  1. Go to <https://adverseactions.dhh.la.gov/>
  2. Enter Name
  3. Click search

If no results are found, this individual or entity is not currently excluded by DHH. Print this Web page for your documentation.

- Complete a monthly search on the Office of Inspector General's List of Excluded Individuals/Entities:
  1. Go to <https://exclusions.oig.hhs.gov>
  2. Enter Name
  3. Press search

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation.

If the person's name appears on the Direct Services Registry or either of the exclusion lists with any findings, you cannot hire that person and you cannot allow him/her to continue working.

If the person's name does not appear, then that means a finding of abuse or neglect has not been placed against him/her and he/she can continue working (presuming all other requirements for

employment continue to be met). If this is the case the following message will appear in the box at the bottom of the page: "No Data. Verify the correct employee type was selected."

### **Direct Service Worker Criminal Convictions History Check**

**A criminal conviction history check MUST be obtained and verified by the fiscal/employer agent before an applicant/potential employee can be hired.** This check provides assurance that persons you hire do not have a criminal convictions history that would prevent them from working in a health care setting.

Each applicant must have a criminal convictions history check completed **before** you can offer the applicant a job and before he/she performs any work for you. The applicant must authorize the fiscal/employer agent to access his/her criminal convictions history through the "Criminal Background Search Authorization Form" found in the Start-Up Packet. The applicant must provide specific information that is required for the criminal convictions history check to be accessed.

The fiscal/employer agent will notify you once the applicant is cleared for hire. It will take the fiscal/employer agent approximately four (4) business days to process the criminal conviction history check. If you do not receive the results within this timeframe you should notify your support coordinator so that he/she can follow-up with the fiscal/employer agent and report the problem to your Local Governing Entity and the Self-Direction Program Manager.

Some criminal convictions prevent employment as a paid home care worker under Louisiana Register Volume 29, Number 9, September 20, 2003, Louisiana Revised Statutes, 40:1300.53, SB204 and Children's Code Title IV. **There are no exceptions to this state law.**

If there is a criminal conviction history that does not bar employment, you will be given a choice by the fiscal/employer agent to decide if you want the applicant working in your home. If you decide that you still want to hire the applicant then you must complete a "Criminal Background Check Waiver" form to acknowledge that you have been informed of the applicant's criminal conviction history and still want to hire him/her. The completed form must be signed by you, as the employer, and submitted to the fiscal/employer agent before an applicant will be allowed to work for you.

**Note:** Eligibility for a former employee must be re-established based on the date he/she is **re-applying** for employment. Eligibility must be confirmed and current as if the former employee had never worked for the employer before.

## **Convictions Barring Employment**

A person may not be employed if he/she has been convicted of an offense listed below:

### **OFFENSES WHICH BAR EMPLOYMENT**

- 1) 14:28.1 Solicitation for Murder
- 2) 14:30 First Degree Murder
- 3) 14:30.1 Second Degree Murder
- 4) 14:31 Manslaughter
- 5) 14:32.6 First Degree Feticide
- 6) 14:32.7 Second Degree Feticide
- 7) 14:32.12 Criminal Assistance to Suicide
- 8) 14:34 Aggravated Battery
- 9) 14:34.1 Second Degree Battery
- 10) 14:34.7 Aggravated Second Degree Battery
- 11) 14:35.2 Simple Battery to The Infirm
- 12) 14:37 Aggravated Assault
- 13) 14:37.1 Assault By Drive-By
- 14) 14:37.4 Aggravated Assault with Firearm
- 15) 14:38.1 Mingling Harmful Substances
- 16) 14:42 Aggravated Rape
- 17) 14:42.1 Forcible Rape
- 18) 14:43 Simple Rape
- 19) 14:43.1 Sexual Battery
- 20) 14:43.2 Second Degree Sexual Battery
- 21) 14:43.3 Oral Sexual Battery
- 22) 14:43.5 Intentional Exposure to AIDS Virus
- 23) 14:44 Aggravated Kidnaping
- 24) 14:44.1 Second Degree Kidnaping
- 25) 14:46.2 Human Trafficking
- 26) 14:51 Aggravated Arson
- 27) 14:60 Aggravated Burglary
- 28) 14:62.1 Simple Burglary of a Pharmacy
- 29) 14:64 Armed Robbery
- 30) 14:64.1 First Degree Robbery

- 31) 14:64.4 Second Degree Robbery
- 32) 14:66 Extortion
- 33) 14:67.21 Theft of Assets of an Aged Person or Disabled Person
- 34) 14:89 Crime Against Nature
- 35) 14:89.1 Aggravated Crime Against Nature
- 36) 14:93.3 Cruelty to The Infirm
- 37) 14:93.4 Exploitation of The Infirm
- 38) 14:93.5 Sexual Battery of The Infirm

Distribution or possession with intent to distribute any Schedule I through V Controlled Dangerous Substance

- 40) 14:44.2 Aggravated Kidnaping of a Child
- 41) 14:80 Felony Carnal Knowledge of a Juvenile
- 42) 14:81.2 Molestation of a Juvenile
- 43) 14:93 Cruelty to Juveniles

## **Section 4: Recruiting and Interviewing Applicants**

**Job Description**

**Sample Job Description**

**Recruitment and Advertising**

**Contents of an Advertisement**

**Screening Applicants**

**Conducting an Interview**

**Sample Questions for a Face-to-Face Interview with an Applicant**

**Checking References**

### **Job Description**

Before talking with prospective employees, it helps to write out a brief description of the job to provide the person who might become your employee with a description of what he/she would be doing each day he/she works to support you. A job description is used to define the duties and manage the time of your employees. A job description is not meant to replace any training or directions you give your employee. You should have the job description ready to hand out with each interview.

The following are some reasons why it is important to have a job description:

- You, as the employer, will know exactly what help you need.
- It can be used to ask questions when you interview applicants.
- It gives applicants a clear idea of what the position requires.
- After your employee has been hired, it may serve as a checklist of duties.
- It may be used as a way to evaluate your employee's job performance.
- It will help you know what is and what is not okay to ask the employee to do.
- It may help settle disagreements between you and the employee about the duties of the job.
- It helps keep the lines of communication open.

A job description should also include the days and times you want the employee to report to work and any special requirements you have for the employee you hire. For example, indicate whether you want someone who has his/her own car and is willing to drive you to appointments.

The key to your success as an employer is a specific, easy-to-understand job description for your employee. The job description you prepare must be consistent with your approved Plan of Care and with the service specifications of your program.

**Remember, employees are only allowed to help you with the tasks and personal outcomes authorized and approved in your Plan of Care.**

### **Sample Job Description**

#### **CRITICAL JOB ELEMENTS:**

1. Provide assistant services as assigned, including bathing, dressing, bowel and bladder management, transferring from bed to wheelchair, meal preparation, light housekeeping, and other tasks as requested.
2. Job involves lifting and bending.
3. Limited amount of travel.

#### **HOURS:**

Monday – Friday: hours are from 8:00 A.M. to 2:00 P.M.

Saturday and Sunday: hours are from 10:00 A.M. to 6:00 P.M.

#### **KNOWLEDGE, SKILLS, ABILITIES:**

1. Assistant must be reliable, punctual, neat, and organized, willing to perform tasks as requested, willing to learn job requirements, able to follow instructions.
2. No prior experience is required; assistant must be willing to learn.
3. Assistant must have CPR/First Aid training and must maintain current certificate during employment.

#### **OTHER REQUIREMENTS/CONSIDERATIONS:**

1. Looking for someone who wants job on a long-term basis and who agrees to follow health and safety precautions.
2. If assistant decides to discontinue employment, he/she must be willing to continue working until a replacement is found.
3. Prefer non-smoker, no pets, no children brought into my home and no personal visitors while on the job; not to use any of my personal possessions to include food and use of my telephone.

## **COMPENSATION:**

Assistant receives salary equal to minimum wage or more.

Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

## **Recruitment and Advertising**

Now that you have completed the job description, you are ready to recruit and advertise for potential employees. There are many methods of advertising and recruitment that you can utilize when looking for good, dependable employees. Do not discount any possibility. Below are some suggestions for finding prospective employees:

### **1. Newspaper Advertisements**

Classified ads in newspapers are an efficient method to reach a large audience. Neighborhood newspapers are cheaper than major citywide newspapers, and are good to target potential employees who live closer to your home.

### **2. Local Newsletters**

Sometimes disability and other community organizations and churches will run short ads in their newsletters.

### **3. Colleges and Universities**

Colleges can be an excellent source for finding employees. Many students are looking for extra income to help them through college. Students that have majors in the area of health and human services are often looking for work experience. To advertise a position, contact the career placement office or the student housing office on campus. You might also try health related education departments such as physical therapy, occupational therapy, and nursing.

### **4. Word of Mouth**

Don't forget to ask family, friends and neighbors if they, or if they know of anyone who, would make a good employee for you. Let them know what qualifications you are looking for, and ask them to tell others about the position.

### **5. Local Agencies**

Social service organizations often keep a registry or list of direct service workers who may have received some basic training or have work experience. You can obtain a listing of direct service workers, who meet the established training requirements, in your area by submitting the "Direct Service Worker Registry Listing Terms and Conditions" form to the Self-Direction Program Manager.



**6. Bulletin Boards in High Traffic Areas**

Hang flyers on bulletin boards in high traffic areas, such as: grocery stores, banks, apartment buildings, restaurants, community centers, and churches.

**7. Local Employment Offices/workforce commissions**

One source often overlooked is the Local Workforce Commission agencies (state department of labor)

**8. Networking**

Networking is the exchange of information, names, resources, and services among and between individuals.



**Contents of an Advertisement**

The more complete the information in the advertisement, the more you can be sure that the prospects that contact you are truly interested, and potentially qualified for the job. It is a good idea to include:

1. Your first name (It is recommended that you not use your last name.)
2. Job title and a short description of the job
3. Phone number

**Helpful information you may include:**

1. Hours
2. Qualifications required
3. Compensation and benefits offered
4. General Location (i.e., near downtown New Orleans)

It is not a good idea to include your address or other private information in the advertisement.

You may want to have your first meeting with an applicant in a public place rather than in your home.

The following are sample advertisements that you can use as a guide:

**Personal Attendant** - Needed to assist male with quadriplegia with personal care, shopping, and light housekeeping. Part-time, 4 days/week. Flexible schedule available. Driver's license preferred. This is an ideal position for a college student. Prime location near Southeastern Louisiana University. \$8.90/hr. Call (985) 111-1111 evenings for more information.

Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

## **Screening Applicants**

### **The Initial Telephone Contact**

1. Give a brief description of the duties of the position, amount of hours the job requires, and the amount and method of pay and any benefits you will be providing.
2. If the applicant is interested, ask the applicable questions, and record answers:
  - a. Will you give me your name, phone where you can be reached, and address?
  - b. What days/hours are you available to work? Do you have any restraints on your schedule that I need to consider? Are there days you definitely cannot work?
  - c. Have you ever assisted or worked for a person with a disability before? (If yes) Tell me a little about the kinds of tasks you performed.
  - d. Do you have reliable transportation?
  - e. Are you at least 18 years of age and do you have a valid Social Security number?
  - f. Do you smoke?
  - g. Are you allergic to pets? (If you have a pet in your home)
  - h. Are there tasks you object to performing (i.e., bathing, toileting, and dressing)?
  - i. Do you have any experience in lifting, transferring, and positioning? (If you need assistance with these activities)
  - j. Can you cook and would you mind doing housework?
3. Tell the person you will call back to make an appointment for an interview (if you are interested in a face-to-face interview). Ask him/her to bring a Louisiana Identification Card or Driver's License, Social Security card, proof of automobile insurance (if he/she will be driving his/her own car as part of the job), names and numbers of at least three (3) references, and

proof of address when he/she comes for an interview. You may consider meeting at a "neutral" location outside of your home for personal safety purposes.

4. Even if the person is unsuitable for the job, always thank him/her for his/her interest.

Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

## **Conducting an Interview**

### **The Personal Interview:**

Call those applicants that appeared to be good prospects and schedule each for a face-to-face interview, preferably in a nearby neutral location. Allow plenty of time between each interview. About one hour for each interview is usually good. The interview is important because this is the time when you let the applicant know about the job in detail and gather information about the person that you may hire as an employee. Consider asking a friend, family member or your Support Coordinator to join you so that you can compare your assessments of the applicant.

When the applicant arrives there are a few suggestions that can make the interview successful. Some things may need to be repeated from the telephone contact for clarification purposes:

1. Help the person feel as comfortable as possible, and get to know each other a little.
2. Tell the person about your disability in general. You will speak more in specifics during training if the applicant is hired.
3. Ask the applicant to see his/her identification. Examples include a valid Louisiana Driver's License or Identification Card with a picture, and Social Security card.
4. Ask the applicant to fill out an employment application. Employment applications are useful because they are a good way to keep up with the persons that you have interviewed. They also simplify record keeping and are an easy way to have quick access to the information you will need to make a final decision. It will give you good information to ask questions about during the interview as well as provide a good resource for back-up or substitute workers if your regular employee is unable to get to work.
5. Give him/her a copy of your job description to read and explain the duties and responsibilities of the job thoroughly. Ask if he/she can safely perform the functions of the job (i.e., lifting, transferring, etc.).
6. Ask the applicant to tell you about him/herself. Be sure to ask questions about past work history, reasons for leaving other employment, any past experience with personal assistance, and why he/she is interested in this position. Ask if you may contact former

employers for a job reference. Ask about career goals and why he/she is pursuing this type of work.

7. Describe the work schedule, pay method, any benefits and leave plan, and your method of evaluating an employee.
8. Give the applicant an opportunity to ask questions.
9. Tell the applicant you will call as soon as you make a decision. (Be sure to contact the applicant even if you decide not to hire him/her.) Thank the applicant for his/her interest and time.

Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

### **Sample Questions for a Face-to-Face Interview with an Applicant**

The following are a few sample questions you can ask during the personal interview to help choose your assistant:

1. How far do you live from here? (Turnover tends to be higher among workers who commute long distances.)
2. Have you had any experience giving personal care?
3. Tell me how you approach multiple tasks to ensure that all are performed.
4. Are you comfortable performing personal care duties such as bathing and toileting?
5. What do you think will be the best and worst part of this job? What did you like best and least about your last job?
6. What are your best and worst qualities?
7. Why are you interested in being a personal assistant?
8. Give me an example of how you have handled disagreements with your past employers.
9. Describe a hypothetical "scenario," and ask what the applicant would do in that situation.

**Warning: When interviewing applicants, apply the same standard that is applied to selection of job applications – ask only about things that are directly related to the job requirements for the position under consideration. Do not ask personal questions that do not apply directly to the job requirements. It is against the law, to discriminate against an applicant because of his/her race, color, religion, gender, sexual orientation, natural origin, or disability.**

## Checking References

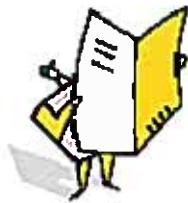
Before you decide which applicant(s) you want to hire, check his/her work and personal references. Checking references is essential. It will give you valuable information about the applicant. Be sure to ask the applicant if you may contact his/her current employer for a reference check.

You can ask the following, but the previous employer is not legally required to provide you the information:

1. Did (name of applicant) work with you during (dates of employment)?
2. What kind of work did he/she do for you?
3. Why did (name of applicant) stop working for you?
4. Did he/she arrive to work on time?
5. Would you hire him/her again?
6. What were his/her strengths?
7. What could have been improved about his/her job performance?

According to Americare, Inc., if the applicant has held three or more jobs in the last five years, it is a sign he/she may not last.

Be sure to check work and personal references.



Excerpt from *Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities* by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

## Section 5: Hiring Employees

Steps for Hiring Employees

Getting Started with a New Employee

Setting Employees' Work Schedule

Setting Employees' Hourly Pay Rates & Benefits

Setting Your Employees' Specific Tasks

Sample Employment Agreement

### Steps for Hiring Employees

The following steps will need to be completed in order to hire an employee:

1. Select the applicant(s) whom you think would be the best employee for you, based on your individual needs.
2. Have your support coordinator complete the "Applicant Verification" form to ensure that the applicant meets the requirements of your program.
3. Have the potential employee fill out the required forms located in the Start-Up Packet. These forms include:
  - a. **Form I-9, Employment Eligibility Verification.** This is a Federal form used to make sure that your employee is able to work in the United States. You, as the employer, must fill out Section II of this form.
  - b. Photocopy of **Social Security card and Identification card** (see the back of Form I-9 for more information on acceptable Identification cards).
  - c. **Form W-4, Employee's Withholding Allowance Certificate.** This form must be completed so that the correct federal income tax can be deducted from your employee's pay.
  - d. **Form L-4, Louisiana Employee Withholding Exemption Certificate.** This form must be completed so that the correct state income tax can be deducted from your employee's pay.
  - e. **Pay Selection Option for Employee form.** This form allows your employee to choose how he/she would like to be paid (direct deposit, pay card or paper check). If your employee chooses to use direct deposit, a Direct Deposit Authorization form will need to be completed. If your employee chooses to use a pay card, a My Money Network Visa pay card and information kit will be mailed to the employee's home address. If

your employee chooses the pay card option, your employee will not be charged a fee the first time the card is used during the pay period; however, your employee's pay card balance will be reduced each time the card is used thereafter. A fee schedule with information about any associated fees will be sent to the employee regarding the pay card option.

- f. **Authorization for Direct Deposit** (optional). This form must be completed if your employee chooses to have payment deposited directly into his/her account.
  - g. **Employment Application**
  - h. **Provider Agreement**. This form establishes a payment agreement with the fiscal/employer agent and your employee and is a Federal requirement.
  - i. **Criminal Background Search Authorization form**. This form allows the fiscal/employer agent to conduct a criminal background check on your potential employee.
- 4. Complete the **"Employee Rate Form"** to set a rate of pay for your employee within the limits specified.
  - 5. Submit all the above items in #2-5 to the fiscal/employer agent.
  - 6. Wait until the fiscal/employer agent notifies you that the applicant is clear for hire before you allow the applicant to do any work for you. The fiscal/employer agent must notify you of an applicant's employment eligibility within four (4) business days.
  - 7. Notify the applicant of his/her start date, which can be no earlier than the date the fiscal/employer agent clears the applicant for hire.

### Getting Started with a New Employee

After the applicant has been cleared for hire by the fiscal/employer agent, he/she may begin working with you. On your employee's first work day, you should summarize many of the things you discussed during the job interview. You will review the authorized tasks that the employee will be doing for you, showing the employee where necessary supplies are kept and how you would like things done, and you will go over the employee's work schedule so that you are both clear on what days the employee will be coming and how many hours the employee will work each day. Then, you will want to share with the employee all of the information that he/she needs to give you the best care and protect you if an emergency occurs. Employees need to know the following information:

- Any health issues you have that will require special actions on the employee's part;

- How to correctly use any special equipment that helps you with your daily activities or maintains your health;
- Any allergies or special dietary concerns and how you would like the employee to respond to these concerns;
- Who to contact in case of an emergency;
- How to get out of the house in case of an emergency; and
- The best times for you to contact each other and the phone numbers where each of you can be reached.

You should be sure that each employee agrees to the following:

1. The specific tasks he/she will perform for you;
2. The hours and days he/she is expected to work and the need for advanced notice to you when he/she is unable to work the scheduled hours;
3. The rate of pay, pay period, pay days, and benefits he/she will receive;
4. Overall expectations related to his/her job performance; and
5. Under what conditions he/she may be released or fired from his/her duties.

### **Setting Employees' Work Schedule**

You will set your employees' work schedule based on the self-directed hours that are available and approved in your Plan of Care and based on the service specifications for the service that your employee will be providing. The schedule that is developed should meet your needs and be clear to both you and your employee(s).

Here are some suggestions, to develop a schedule:

- ✚ Schedule your employee(s) on a monthly basis. If changes need to happen, there is time to work out the details.
- ✚ Post the schedule in at least one place.
- ✚ Give a copy of the schedule to your employees.
- ✚ Give advance notice for schedule changes (both you and the employee). For example, if you are going on vacation, tell your employees ahead of time about the change in the work schedule.



Remember, your “Typical Weekly Schedule,” found in your approved Plan of Care, shows what days and times you are approved for self-directed services on a weekly basis. It is important to note whether you have other types of supports approved on your Plan of Care as these may be paid at different rates and must be coded on the employee’s timesheet accordingly. Employees may not work more than 16 hours in a 24-hour period unless there is a documented emergency or a time limited, non-routine need documented in the Plan of Care.

Specify with your employee the hours, the number of hours per day, and days per week that you expect him/her to be on the job. Stress the importance of a regular schedule and advanced notice of days or hours he/she is not available. Stress arriving and leaving on time.

### **Setting Employees’ Hourly Pay Rates & Benefits**

You, as the employer, will set an hourly pay rate for your employees. The pay rate must be the same as minimum wage or higher. The “Employee Rate Form” found in the fiscal/employer agent’s Start-Up Packet must be completed for each employee and signed by the employer to establish an hourly pay rate for your employees.

Check the “Paying for Your Supports” section in the Start-Up Packet to find out how much you can pay your employees for each service. Remember, day and night services have different maximum pay rates.

You, as the employer, are responsible for paying your hired direct service worker overtime if he/she works more than 40 hours in one work week. You can assure that you have adequate coverage by scheduling one or more staff to only work 40 hours per week (or less) to cover all the support needs established in your Plan of Care. You must continue to provide the number of support hours determined in your Plan of Care that you need to ensure your health and safety. For further information regarding the Department of Labor Home Care Final Rule and companionship exemption information go to [www.dol.gov/whd/homecare](http://www.dol.gov/whd/homecare).

If you want to change your employee’s hourly pay rate, then you will need to complete a new “Employee Rate Form.” The completed form must be sent to the fiscal/employer agent for processing.

## **Setting Your Employees' Specific Tasks**

Tasks are activities that employees do to assist you in maintaining your independence and meeting your personal outcomes. Examples of tasks include assistance with bathing, driving, cleaning, and cooking. Remember, employees need to document the tasks they complete on a daily basis.

Tasks can be scheduled on a daily basis and/or on a weekly basis. Here is an example of a morning task schedule:

6:00 – 6:30	Get up, assist with showering, dressing, and brushing hair & teeth
6:45 – 7:15	Make breakfast, assist with eating, clean up dishes
7:15 – 7:45	Assist with toileting, make lunch, assist with taking medications
8:00	Wait and assist with carpool to work
	Shift done after leaving for work with carpool

Here is an example of a weekly task schedule:

Monday	Daily tasks and pool therapy
Tuesday	Daily tasks, ironing, clean bathrooms
Wednesday	Daily tasks, clean kitchen and refrigerator
Thursday	Daily tasks and pool therapy
Friday	Daily tasks and clean bathroom and living room
Saturday	Daily tasks and laundry
Sunday	Daily tasks, grocery shopping, and errands

Remember, you will set your employees' specific tasks based on your personal outcomes and needs, as specified in your approved Plan of Care, and on the service specifications for the service your employee will be providing. Your employee's specific tasks should be listed on his/her job description and/or employment agreement.

The following page contains a sample "Employment Agreement" that you can use with your employees.

## Sample Employment Agreement

1. The employee will carry out the duties and responsibilities listed in the job description/list of assigned task.
2. The employee will work the following hours:  
Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_  
Thursday \_\_\_\_\_
3. The employee will be paid \$\_\_\_\_.\_\_\_\_ per hour.
4. The employee is responsible for paying for long-distance telephone calls made by the employee.
5. The employee will not be paid for scheduled hours not worked.
6. Both parties to this agreement will respect each other's individuality and privacy and treat each other accordingly. Both will attempt to be flexible and work at solving problems as they arise.
7. At least a two (2) week notice will be given by the employee regarding termination of this agreement.

Other agreements/benefits:

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Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Section 6: Managing Employees**

Managing Your Employees

Conflict Resolution

Termination of Employment

Performance Evaluations

Sample Performance Evaluation

### **Managing Your Employees**

#### **Overall Expectations for your Employees:**

It is important for you, the employer, and your employees to discuss your expectations, the importance of having open communication, and how the employee's job performance will be evaluated. Both you and the employee will have expectations of each other. You will want to talk about how issues will be addressed and resolved and the communication style you respond to best. The following open-ended questions are a guide to start the communication process:

#### **Discussions you should have with each employee:**

1. What I expect from you is . . . .
2. What you should expect from me . . . .

#### **Issues you should address with each employee at the start of employment:**

1. My approach to dealing with problems or issues is . . .
2. Your performance will be evaluated using the following criteria . . .
3. Some of the reasons for dismissal from this job are (examples: abuse, neglect, exploitation, unexcused absences, etc.)

#### **Documentation of Management Activities:**

You should document employee-related issues that may or may not lead to termination of the employee.

Documentation of events leading up to termination of an employee may be necessary to prevent your account from being charged additional unemployment taxes.

1. If the employee files a wrongful termination complaint with the Louisiana Workforce Commission, the documentation will be required to defend your actions in a hearing.
2. If the employee files a complaint of discrimination with Louisiana Workforce Commission or the Equal Employment Opportunity Commission, the documentation will be required to defend your actions in a hearing or a wrongful discharge or discrimination lawsuit.

Documentation of events leading up to termination of an employee should be completed to prevent misunderstandings and confusion and to document how you have tried to resolve problems.

### **Conflict Resolution**

As with any employment situation, there will be some areas of conflict at times between you as the employer and your employee. Sometimes conflict is due to poor job performance on the part of the employee. Perhaps the training received did not address procedures and techniques that you need the employee to perform. If you suspect this might be the case, re-train your employee on the aspects of the job that are causing him/her difficulty. Many times this "refresher course" will solve what seems to be a serious problem.

Punctuality (i.e., arriving on time, following work schedule, doing tasks at specified times) is a frequent problem for some people. If a pattern begins, confront the employee as soon as possible. Convey the importance of timeliness to your life. Get him/her to agree to a timeframe. If the employee continues to violate that timeframe, let him/her go. Be sure to document all problems and conversations about problems.

There are other times when an employee and employer simply just do not get along due to personality differences. Perhaps the person you thought would be a perfect employee turns out just the opposite. Document problems, conversations, training, and other steps used. Before you give up completely on the relationship here are a few suggestions to try to solve the problem:

1. **Keep the lines of communication open.** When a conflict arises, do not shut down. Keep talking and try to find out the true reasons behind misconduct. The problem will not go away by ignoring it.
2. **Bring in a third person to help settle the conflict.** A mediator, who is objective and neutral about the situation, can often find a resolution that both parties can live with.
3. **Look to your written agreement for resolution.** A written agreement helps prevent or clear up disagreements about duties, salary, time off and benefits. This is another good reason to have a complete clearly written agreement between you and your employee.
4. **Look for compromise in genuine differences of opinion.**

## Termination of Employment

If all else fails, then you must take the responsibility of terminating (firing or dismissing) the employee. It may be due to failure to follow safety procedures, chronic lateness, inability to follow directions, or personality conflicts, but whatever the reason, it is never easy to do. The exact method you use is up to you.

**You must notify the fiscal/employer agent whenever you terminate an employee or when an employee stops working for you. You must also give the completed "Verification of Employment or Termination" form to your Support Coordinator.**

It is recommended that you make arrangements for back-up coverage prior to terminating an employee. You may refer to "Protecting Your Personal Property and Personal Safety" section in this packet for more information.

Below are suggested ways to handle the difficult task of terminating an employee:

1. Do it in person (yourself), or do it over the phone if you feel more comfortable with this approach. [You may want to have third party (e.g., a neighbor, friend, relative or your Support Coordinator) with you when you terminate an employee.]
2. It is your choice as to whether or not you give the traditional two-week notice.
3. Do not drag it out, be direct, and come straight to the point.
4. Some suggested methods of communicating the termination are: "I am sorry, but .... I do not feel you are appropriate for this job,"...."You are not fulfilling your job obligations"....or "I won't need your services anymore."
5. Be sure to have the employee sign his/her current timesheet before leaving. Submit the timesheet to the fiscal/employer agent with termination information. When the employer terminates an employee, the fiscal/employer agent must process the last paycheck within a certain number of days based on state law.
6. If the employee has a key to your residence or anything [e.g., credit cards, ATM (or "Automated Teller Machine") card, etc.] that must be returned to you, be sure to collect the items before the last paycheck is delivered.
7. Watch what you say to others about the situation, especially to other employees. **It is best to maintain confidentiality related to employee issues.**
8. Analyze what went wrong to avoid similar situations in the future with other employees. Be proactive when similar situations occur with others.

**Remember, it is against the law to terminate or lay off an employee because of his/her age, race, religion, gender, sexual orientation, national origin, or disability.**

## Performance Evaluations

### Optional

Give your employees a copy of the job description when they first start working so they will know the areas in which they will be reviewed. Also let them know if a pay raise is attached to results of their evaluation. You should have on-going conversations with each employee so that he/she will know if he/she is meeting your expectations. If there are problems, you should address the issues with the employee immediately. (Note: Document these incidents.)

As an employer, you should be proactive in dealing with employee job performance issues and conflicts. Proactive means to address a situation before it becomes a problem. There should be no negative issues in the performance evaluation that has not already been discussed with your employee.

When you meet with your employee for the evaluation, there should be two-way communication – you listen to the employee and the employee listens to you. Have some ideas of what you want to say in each area of the evaluation but also be prepared to listen to comments from your employee.

**It is a good idea to conduct at least an annual evaluation of your employee's job performance.**

The following is a sample evaluation you can use or adapt for use with your employee.

### Sample Performance Evaluation

Employee's Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Each area is coded as follows:

1 (poor), 2 (below expectations), 3 (mostly meets expectations),  
4 (meets expectations), 5 (exceeds expectations)

Area evaluated	1	2	3	4	5
1. Punctuality Comments:					
2. Reliability Comments:					
3. Ability to do required tasks Comments:					
4. Respectful Comments:					
5. Shows initiative Comments:					
6. Organized Comments:					
7. Other: Comments:					

Goals for next 6 months / year:

\_\_\_\_\_

Employee comments: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_



## Section 7: Safety and Welfare

Employer Liability

Critical Incident Reporting Requirements

Where to Get Help

### Employer Liability

Your employees should not be subjected to circumstances that would create a hostile work environment. Such an environment can be many things, but an employee should never be subjected to sexual harassment or belittlement, jokes, or prejudice because of his/her age, race, color, religion, gender, natural origin, or disability. In addition, the work environment must be free from recognized hazards that are causing or likely to cause death or serious physical harm.

The employer retains control over the hiring, training, managing, and firing of employees providing services, and as such, only the employer is responsible and liable for any negligent acts or omissions by the employee, the employer, the participant, the authorized representative, or by other people in the workplace.

Workers' compensation insurance is required as part of participation in the Self-Direction option. Workers compensation insurance covers an **employee's** on-the-job injury. Upon enrollment, your employees are automatically covered by workers compensation insurance.

Remember, employees of participants in the Self-Direction option are **not** employees of the fiscal/employer agent, the Office for Citizens with Developmental Disabilities (OCDD), or any other state or federal agency.

#### **Work-Related Injuries:**

Employers should require employees to immediately report any/all injuries or illnesses received on the job. The employer may also require that the employee document the injury (i.e., what, how, when, where, witnesses, injury, etc.) in a written report to file in the employee's file. The employer determines from the report if additional training and/or safety measures need to be taken to prevent a reoccurrence of each injury/incident. **The employer must notify the fiscal/employer agent as soon as possible of any injuries or illnesses received on the job by the employee.**

### **Non-Work Related Injuries:**

The employee is not provided coverage/benefits in these programs, on or off the job, if/when:

- the injury occurred while the employee was intoxicated;
- the employee injured himself or herself intentionally or while unlawfully attempting to injure someone else;
- the employee was injured by another person for personal reasons;
- the employee was injured while voluntarily participating in an off-work activity;
- the employee was injured by an act of God;
- the injury occurred during horseplay, and/or;
- the injury was not sustained while at work or during work.

### **Critical Incident Reporting Requirements**

In accordance with Louisiana law, "any person who has knowledge that a state law, minimum standard, rule, regulation, plan of correction promulgated by the department, or any federal certification rule pertaining to a health care provider has been violated, or who otherwise has knowledge that a [participant] has not been receiving care and treatment to which he is entitled under state or federal laws, may submit a report regarding such matter to the department." Further, "Any person having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, exploitation or extortion shall report to the adult protection agency or to law enforcement."

**This means that the following critical incidents must be reported as soon as possible to the participant's support coordinator:**

- **Abuse (adult/elderly):** The infliction of physical or mental injury on a participant by other parties, including, but not limited to, such means as sexual abuse, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered.
- **Abuse (child):** Any of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child including:
  - The infliction or attempted infliction, or, as a result of inadequate supervision, the allowance of or toleration of the infliction or attempted infliction of physical or mental injury upon the child by a parent or by any other person.
  - The exploitation or overwork of a child by a parent or by any other person.

- The involvement of a child in any sexual act with a parent or with any other person, or the aiding or toleration by a parent or the caretaker of the child's sexual involvement with any other person, or the child's involvement in pornographic displays or any other involvement of a child in sexual activity constituting a crime under the laws of this state.
- **Neglect (adult/elderly):** The failure, by a caregiver responsible for an adult's care or by other parties, or by the adult participant's action or inaction to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused
- **Neglect (child):** The refusal or failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment or counseling for an injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired. Whenever, in lieu of medical care, a child is being provided treatment in accordance with the tenets of a will – recognized religious method of healing which has a reasonable, proven record of success, the child shall not, for that reason alone, be considered neglected or abused. Disagreement by the parents regarding the need for medical care, shall not by itself, be grounds for termination of parental rights.
- **Exploitation:** The illegal or improper use or management of an aged person's or disabled adult's funds, assets or property, or the use of the person's or disabled adult's power of attorney or guardianship for one's own profit or advantage.
- **Extortion:** The acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority.
- **Self-Neglect:** The failure either by the adult participant's action or inactions to provide the proper or necessary supports or other medical, surgical, or any other care necessary for his/her well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be self-neglected.
- **Major Injury:** Any suspected or confirmed wound or injury to a person of known or unknown origin which requires medical attention by a physician, nurse, dentist, or any licensed health care provider. Note – this category is used only if there is no reason to suspect abuse or neglect. If abuse or neglect is suspected, then the proper category is either abuse or neglect and the incident should reflect the applicable category.
- **Fall:** A fall occurring when the person is:
  - Found down on the floor (un-witnessed event); or
  - Comes to rest on the floor unintentionally, assisted or un-assisted, apparently due to one of the ten most likely risk factors for falls (i.e., muscle weakness, history of

falls, gait deficit, use of assistive device, visual deficit, arthritis, impaired activities of daily living, depression, cognitive impairment, and age greater than 80 years) and/or other risk factors such as use of psychotropic medications, anti-arrhythmic medications, dioxins, and diuretics.

- **Major Illness:** Any substantial change in health status, illness, or sickness (suspected or confirmed) which requires unscheduled treatment, or other medical intervention by a physician, nurse, dentist, or other licensed health care providers.
- **Death:** The cause or manner of dying. All deaths are reportable regardless of the cause or the location of where the death occurred.
- **Major Medication Incident:** The administration of medication in an incorrect form, not as prescribed or ordered, or to the wrong person, or the failure to administer a prescribed medication, which requires or results in medical attention by a physician, nurse, dentist, or any licensed health care provider.
  - **Staff error:** The staff fails to administer a prescribed medication or administered the wrong medication or dosage to a participant, or fails to fill a new prescription order within twenty-four (24) hours or a medication refill prior to the next ordered dosage.
  - **Pharmacy error:** The pharmacy dispenses the wrong medications, et cetera.
  - **Person error:** The person, or participant, unintentionally fails to take medication as prescribed.
  - **Family error:** A family member intentionally or unintentionally fails to administer a prescribed medication refill prior to the next ordered dosage.
- **Loss or Destruction of Home:** damage to or loss of the participant's home that causes harm or the risk of harm to the participant. This may be the result of any man-made or natural action, including, but not limited to, wind damage, fire, flood, eviction, and an unsafe or unhealthy living environment.
- **Involvement with Law Enforcement:** A participant or his/her staff or others responsible for his/her care is/are involved directly or indirectly in an alleged criminal manner, resulting in law enforcement becoming involved such as:
  - The participant is arrested.
  - An on-duty staff person is arrested/charged with an offense/crime.
- **Major Behavioral Incident:** an incident engaged in by a participant that is alleged, suspected, or witnessed by the reporter that can reasonably be expected to result in harm, or that may affect the safety and well-being of the participant. The following are major behavioral incidents:
  - Attempted Suicide
  - Suicidal threats
  - Self-endangerment
  - Elopement/ Missing

- Self-injury
- Property destruction
- Offensive sexual behavior
- Sexual aggression
- Physical aggression
- **Restraint use:** Any physical, chemical, or mechanical intervention used to control acute, episodic behavior that restricts movement or function of a participant or a portion of a participant's body. The following are categories of restraint use:
  - **Behavioral restraint:** Restraints used to suppress a participant's behavior and do not include restraints utilized when conducting a medical treatment. Behavioral restraints may be planned or unplanned and may involve personal, mechanical, or chemical restraints.
  - **Medical Restraint:** Restraints applied as a health-related protection that are prescribed by a licensed physician, licensed dentist, or licensed podiatrist. Such restraints are used when absolutely necessary during the conduct of a specified medical or surgical procedure or when absolutely necessary for the protection of a participant during the time that a medical condition exists. Medical restraints may be planned or unplanned and may involve personal, mechanical, or chemical restraints. The appropriate use of "light sedation" is not considered a medical restraint.
  - **Isolation** – requiring an individual to sit alone in a room as a means of behavior management.

If the incident involves abuse, neglect, exploitation, or extortion, then law enforcement should be contacted immediately.

You, as the employer, are responsible for completing all of the following actions:

1. **Reporting** critical incidents as soon as possible to the support coordination agency and, as necessary, to law enforcement;
2. **Assisting** in gathering information about the circumstances and details of the critical incident; and
3. **Participating** in any planning meetings convened to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.

## Where to Get Help

### EMERGENCY SITUATIONS:

Call your local law enforcement agency (police or sheriff) or **911** if the situation is an emergency. If in doubt about an emergency situation, dial **911**.

- If you suspect an adult has been abused or mistreated, you are required to report it to the Adult Protection Services at 1-800-898-4910.
- If you suspect a child has been abused or mistreated you are required to report it to your Child Protection Services at 1-855-452-5437.

### Reasons for Being Discharged from the Self-Direction Option:

The Self-Direction Option is an option provided to participants who agree to fully comply with the rules in this handbook. If a participant or his/her responsible relative does not comply with the rules in this handbook, the self-direction option may be withdrawn and the participant will be required to seek services through a licensed home and community based providers. Listed below are conditions that may result in cessation of the self-directed option. Please read this information carefully and contact your support coordinator if you have any questions.

- Participant or authorized representative commits Medicaid fraud, or allows worker to commit Medicaid fraud as described in this handbook.
- Participant or authorized representative does not maintain records as required in this handbook (including timesheets and service logs/progress notes).
- Participant or authorized representative refuses to cooperate with Support Coordination, the Local Governing Entity, or OCDD Central Office in providing requested documentation.
- Participant or authorized representative does not report Critical Incidents to the Support Coordination within two hours.
- Participant or authorized representative is unable to maintain adequate staff to provide needed supports to maintain the participant's health and safety.
- OCDD, Local Governing Entity, or Support Coordination receives repeated complaints against the participant or authorized representative regarding working conditions, discrimination, and/or hostile work environment.
- Participant or authorized representative does not stay within the budgeted hours per the Plan of Care.
- Participant or authorized representative requires workers to perform tasks not associated with the participant's Plan of Care.

**PROGRAM CONTACTS:**

Office for Citizens with Developmental Disabilities

[www.la.gov.dhh.ocdd](http://www.la.gov.dhh.ocdd)

Telephone: 1-866-783-5553 or 225-342-0095

Fax: 225-342-8823

DHH OCDD

Self-Direction Program Manager

P. O. Box 3117, Bin 21

Baton Rouge, LA 70821-3117

## **Section 8: Appendix**

### **Waiver Services and Limits**

- New Opportunities Waiver (NOW)
- Residential Options Waiver (ROW)
- Children's Choice Waiver (CCW)

## OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES

### New Opportunities Waiver Services and Limits

New Opportunities Waiver (NOW) participants may self-direct the following services, as approved in their Plan of Care:

- Individual and Family Support-Day
- Individual and Family Support-Night

Your Plan of Care identifies the time and days you are approved to receive Individual and Family Support (IFS) services under the Self-Direction option. Individual and Family Support services are termed "Attendant Care Services or ACS," in your Plan of Care. It is important to note whether you have Individual and Family Support-Day and Individual and Family Support-Night hours listed on your approved Plan of Care as these are paid at different rates and have different codes, and must be coded correctly on your employees' timesheet.

#### Individual and Family Support-Day

##### A. Definition

1. Individual and Family Support services are defined as direct support and assistance, which may take place in your home or community to:
  - Achieve and/or maintain your personal outcomes of increased independence, productivity, and enhanced family functioning;
  - Provide relief of your caregivers; and/or
  - Provide inclusion in your community.
2. Individual and Family support services are not intended to replace the natural and community supports available to you.
3. The cost of transportation is included in the hourly rate paid to your employee. If your employee provides transportation to you as part of his/her job duties then he/she must have a current driver's license that is not suspended, a current state inspection sticker and minimum liability car insurance as required by the State of Louisiana. You may utilize this free web site to check driving history:

<https://expresslane.dps.louisiana.gov/ReinstatementInquiry/ReinstatementInquiry.aspx>

##### B. Service Description

Individual and Family Support services include the following:

1. Assistance and prompting to help you with your personal hygiene, dressing, bathing, grooming, eating, toileting, ambulation or transfers, other personal care and behavioral support needs.
2. Assistance and training in the performance of tasks to help you maintain a safe, healthy, and stable home, such as: housekeeping; bed making; dusting; vacuuming; laundry;



cooking; evacuating the home in an emergency situation; shopping; and money management (including bill paying). (This does not include the cost of supplies needed or the cost of meals.)

3. Personal support and assistance to help you participate in community, health, and leisure activities.
4. Support and assistance in helping you develop relationships with your neighbors and others in the community and in helping you strengthen existing social networks.

#### C. Place of Service

Individual and Family Support Services **cannot** be provided:

1. In your employee's home, unless your employee's home is a certified foster care home.
2. In licensed, congregated settings such as: Intermediate Care Facilities for Persons with Developmental Disabilities including community homes, Center-Based Respite facilities, and Day Habilitation programs.
3. During the same hours and on the same day as the following New Opportunities Waiver services: Day Habilitation, Supported Employment, Employment-Related Training, Transportation for Day Habilitation and Supported Employment services, Professional Services, Center-Based Respite, and Skilled Nursing.
4. Once you are admitted to the hospital. Your employee may accompany you to the hospital and remain with you until you are admitted to the hospital or until a responsible representative (i.e., your parent, legal guardian, other family members, etc.) arrives. Your employee will **not** be paid for providing services to you once you are admitted to the hospital. Your employee may begin providing services to you once you are discharged from the hospital.
5. Outside the state of Louisiana, unless approved in your Plan of Care. Individual and Family Support services may only be provided outside the state of Louisiana for a documented emergency or a time-limited period which must be pre-approved by the Local Governing Entity and be specified in your Plan of Care.
6. Outside of the United States or territories of the United States.

#### D. Service Unit and Limitations

1. **The employee and the participant must both be present in order for Individual and Family Support services to be provided. The participant must never be left alone when Individual and Family Support services are being provided.**
2. **The employee must be awake, alert, and available to respond to the participant's needs.**
3. **The employee may not work more than sixteen (16) hours in twenty-four (24) hour period, of combined Individual and Family Support Day and Night services, unless there is a documented emergency or a time-limited, non-routine need documented in the**

participant's approved Plan of Care. Habitual patterns of an employee working sixteen (16) hours or more will be investigated.

4. Individual and Family Support-Day services may not exceed sixteen (16) hours in a twenty-four (24) hour period, unless an exception is documented in the participant's approved Plan of Care.
5. The billing unit is fifteen (15) minutes.

### Individual and Family Support-Night

#### A. Definition

1. Individual and Family Support-Night services are the availability of direct support and assistance provided to the participant while he/she is asleep.
2. Individual and Family Support-Night services are not limited to traditional night time hours. Night hours are considered to be the period of time when the participant is asleep and there is a reduced frequency and intensity of required assistance.
3. If a participant receives less than twenty-four (24) hours of paid support, the number of the Individual and Family Support-Night services he/she receives is based on his/her need and specified in his/her approved Plan of Care.
4. If a participant receives twenty-four (24) hours of paid support, the number of Individual and Family Support-Night services he/she receives must be at least eight (8) hours per day.
5. If your employee provides Individual and Family Support-Night services then he/she must be immediately available and in the same residence as you to be able to respond to your immediate needs. The level of support you need, which is based on frequency and intensity of your needs, is specified in your Plan of Care.
6. Your employee is expected to remain awake and alert while he/she is providing Individual and Family Support-Night services unless otherwise indicated in your approved Plan of Care.

#### B. Service Unit and Limitations

1. Your employee must be awake, alert, and available to respond to your needs, unless an exception is approved in your Plan of Care.
2. Individual and Family Support-Night must be a least eight (8) hours per day for participants who have twenty-four (24) hours of a combination of Individual and Family Support-Day and Night hours.

#### C. Other

All other elements of Individual and Family Support-Day apply to Individual and Family Support-Night services with the exception of the above service limitations.

## **Children's Choice Waiver Services and Limits**

Children's Choice Waiver participants may self-direct the following services, as approved in their Plan of Care:

- **Family Support Services**

Your Plan of Care identifies the time and days you are approved to receive Family Supports (Personal Care Attendant services or PCA) services under the Self-Direction option.

### **Family Supports Services**

#### **A. Definition**

1. Family supports services are services provided directly to the participant.
2. Services may be provided in the participant's home or outside the participant's home in such settings as after school programs, summer camps, or other places specified in the approved plan of care.
3. Family support includes assistance with participating in the community, including activities to maintain and strengthen existing informal networks and natural supports.
4. Providing transportation to these activities is also included.

#### **B. Service Description**

Family Support services include the following:

1. Assistance and prompting to help you with your personal hygiene, dressing, bathing, grooming, eating, toileting, ambulation or transfers, other personal care and behavioral support needs, and medical task which can be delegated as per Home and Community-Based Services Direct Service Worker rules and policies.
2. Personal support and assistance to help you participate in community, health, and leisure activities.

#### **C. Place of Service**

Family Support Services cannot be provided:

1. In your employee's home, unless your employee's home is a certified foster care home.
2. In licensed, congregated settings such as: Intermediate Care Facilities for Persons with Developmental Disabilities including community homes, Center-Based Respite facilities, and Day Habilitation programs.
3. During the same hours and on the same day as the following Children's Choice Waiver Therapy Services: Aquatic Therapy, Art Therapy, Music Therapy, Hippo therapy/Therapeutic Horseback Riding, Sensory Integration and Applied Behavioral Analysis (ABA)-based Therapy.

4. Once you are admitted to the hospital. Your employee may accompany you to the hospital and remain with you until you are admitted to the hospital or until a responsible representative (i.e., your parent, legal guardian, other family members, etc.) arrives. Your employee will not be paid for providing services to you once you are admitted to the hospital. Your employee may begin providing services to you once you are discharged from the hospital.
5. Outside the state of Louisiana, unless approved in your Plan of Care. Family Support services may only be provided outside the state of Louisiana for a documented emergency or a time-limited period which must be pre-approved by the Local Governing Entity and be specified in your Plan of Care.
6. Outside of the United States or territories of the United States.

**D. Service Unit and Limitations**

1. The employee and the participant must both be present in order for Family Support services to be provided.
2. Total number of services hours are dependent on Children's Choice capped budget. No limits on the amount/ frequency of services other than approved Plan of Care budget limit.
3. All request services are to be completed in the current approved Plan of Care year.
4. The employee may not work more than sixteen (16) hours in twenty-four (24) hour period unless there is a documented emergency or a time-limited, non-routine need documented in the participant's approved Plan of Care.
5. All available Medicaid State Plan and services provided through a program funded under the Individual with Disabilities Education Act (IDEA; 20 U.S.C. 1401 et seq.) must be utilized before accessing this service. All services must be outlined in the Plan of Care to prevent duplication of services.
6. Total cost of all services cannot exceed waiver capped budget for Plan of Care year.
7. Exhausting available funds does not qualify as justification for crisis designation.
8. The billing unit is fifteen (15) minutes.

**Note:** It is understood that this schedule is flexible and an individual's daily routine may change based on need or preference. Support Coordinator will be required to monitor self-directed services quarterly for Children's Choice waiver participants.

## **Residential Option Waiver (ROW) Services and Limits**

Residential Option Waiver participants may self-direct the following services, as approved in their Plan of Care:

- Community Living Supports

Your Plan of Care identifies the time and days you are approved to receive Community Living Supports (CLS) services under the Self-Direction option. Services are to be selected based on recipient need/want and based upon the individual ROW acuity level/ROW Budget cap.

### **Community Living Supports**

#### **A. Service Definition (Scope)**

Supports provided include the following:

1. **Self-Help Skills:** Activities of daily living and self-care (i.e., bathing, grooming, dressing, nutrition, money management, laundry, travel training, and safety skills). Travel-training to community activities/locations (not intended to be used when the recipient is learning to go to and from a vocational setting).
2. **Socialization Skills:** Appropriate communication with others, both verbal and nonverbal (i.e., manners, making eye contact, shaking hands, and behavior). Intended to increase involvement in the community (i.e., church membership, voting, participation in sports, and volunteering).
3. **Cognitive and Communication Tasks:** Learning activities (i.e., attention to task, self-control, verbal/nonverbal communication, and interpersonal communication verbal/nonverbal cues) intended to increase level of understanding and to communicate more effectively.
4. **Acquisition of Appropriate, Positive Behavior:** Appropriate behavior (i.e., nonaggression and appropriate social interaction). Intended to increase socially appropriate behavior.

When the self-directed option is utilized the recipient must have an individualized back-up plan and evacuation plan both of which must be submitted with the Plan of Care for review and approval. The direct support workers must meet minimum qualifications.

#### **B. Services Description**

Community Living Supports (CLS) is a residential option available to participants who either have natural supports and/or who need very little support on an on-going basis. Based on their need of supports, participants can either live with family members or reside independently in their own residence. The overall goal for each recipient is to obtain or maintain their level of independence, level of productivity, and involvement in the community as outlined in each participant's approved Plan of Care. Individual specific goals are identified in the Plan of Care and provided by the participant's direct support worker.

### **C. Place of Services**

- 1. Community Living Supports are provided to a participant in his/her own home and in the community.**
- 2. Community Living Support Services cannot be provided:**
  - a. In your employee's home, unless your employee's home is a certified foster care home.**
  - b. In licensed, congregated settings such as: Intermediate Care Facilities for the Developmentally Disabled, community homes, Center-Based Respite facilities, and Day Habilitation programs.**
  - c. Community Living Supports are not available to individuals receiving Shared Living Services, Host Home Services, or Companion Care Services. (The same type of supports that Community Living Supports provides is integral to and built into the rate for these three services, and prevents duplication of services.)**
  - d. Community Living Supports cannot be provided or billed for at the same time on the same day as Supported Employment, Day Habilitation, or Prevocational Services. Transportation-Community Access services may not be provided at the same time as Community Living Supports services.**
  - e. Once you are admitted to the hospital. Your employee may accompany you to the hospital and remain with you until you are admitted to the hospital or until a responsible representative (i.e., your parent, legal guardian, other family members, etc.) arrives. Your employee will not be paid for providing services to you once you are admitted to the hospital. Your employee may begin providing services to you once you are discharged from the hospital.**
  - f. Outside the state of Louisiana, unless approved in your Plan of Care. Individual and Family Support services may only be provided outside the state of Louisiana for a documented emergency or a time-limited period which must be pre-approved by the Local Governing Entity and be specified in your Plan of Care.**
  - g. Outside of the United States or territories of the United States.**

### **D. Services Limitation**

- 1. All ROW participants must receive a residential service (i.e., community living supports, companion care, host home, or shared living) and support coordination services.**
- 2. Participants must receive a residential service and support coordination at least once every 30 days.**
- 3. Payment will not be made for services provided by a relative who is the Parent(s) of a minor child; Legal guardian of an adult or child with developmental disabilities; Parent(s)**

for an adult child regardless of whether or not the adult child has been interdicted; or Spouse.

4. Payment will not be made for routine care and support that is normally provided by the participant's family or for services furnished to a minor by the child's parent or step-parent or by a participant's spouse.
5. Community Living Supports staff is not allowed to sleep during billable hours of Community Living Supports.
6. Payment does not include room and board or maintenance, upkeep and improvement of the provider's or family's residence.
7. Payment will not be made for transportation to and from Supported Employment, Day Habilitation, or Prevocational Services, as transportation for these services are included in each vocational service.
8. Services may not be billed at the same time on the same day as Transportation Community Access, Day Habilitation, Prevocational Services, Supported Employment, and Respite Care Services-Out of Home.
9. Community Living Supports are not available to participants receiving any of the following services Companion Care, Host Home, Shared Living.
10. The cost of transportation is built in to the Community Living Services rate and must be provided when integral to Community Living Services. Payment will not be made for travel to vocational services.
11. Annual costs are not to exceed the individual ROW acuity level/ROW Budget cap.
12. Service Unit is 15 minutes and is based on the participant's overall approved Plan of Care.